Course Evaluation – First Steps® ACP Facilitator Certification

## Date: Program Name and Location:

**Name** **(print):**

**Discipline:** ❑APRN/NP ❑ Chaplain ❑ LPN ❑ MD/DO ❑ RN ❑ SW  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Planning Committee and speaker of this event have no conflict of interest to disclose.
Evaluation forms must be returned in exchange for the certificate of attendance.

Please complete **all pages** of this form.

**Purpose:**  The purpose of this program is to assist the participant in learning effective communication and conversation skills for person-centered ACP facilitation.

Your suggestions help us improve the quality of our programs. For the statements below, please provide your perceptions of the program by marking 5, 4, 3, 2, or 1. Use the scale of 5 (Strongly Agree – SA) through 1 (Strongly Disagree - SD).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SA** |  |  |  | **SD** |
| **LEARNING OUTCOMES: As a result of this program I can:** | **5** | **4** | **3** | **2** | **1** |
| 1. Identify communication skills for facilitating First Steps ACP conversations.
 |  |  |  |  |  |
| 1. Create strategies to transfer individual goals, values, and preferences to the written plan.
 |  |  |  |  |  |
| 1. Demonstrate beginning competency in facilitating First Steps ACP conversations through role-play activities.
 |  |  |  |  |  |
| 1. Become certified as a First Steps ACP Facilitator through final competency role-play demonstration.
 |  |  |  |  |  |

Comments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SA** |  |  |  | **SD** |
| **INSTRUCTOR 1 (write in name):**  | **5** | **4** | **3** | **2** | **1** |
| 1. Demonstrated expertise in content area
 |  |  |  |  |  |
| 1. Content consistent with objectives
 |  |  |  |  |  |
| 1. Clarified content in response to questions
 |  |  |  |  |  |
| 1. Provided current information
 |  |  |  |  |  |
| 1. Used appropriate and effective teaching methods for the subject matter(including technology)
 |  |  |  |  |  |
| 1. Instructional materials suitable/useful to session topic
 |  |  |  |  |  |
| 1. Presented self in an organized manner
 |  |  |  |  |  |
| 1. Did you perceive any commercial bias from the speaker?
 | **Yes** ❑ | **No** ❑ |

 If “yes,” please explain in comments below.

Comments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SA** |  |  |  | **SD** |
| **INSTRUCTOR 2 (write in name):*(Copy this section below for any additional instructors)*** | **5** | **4** | **3** | **2** | **1** |
| 1. Demonstrated expertise in content area
 |  |  |  |  |  |
| 1. Content consistent with objectives
 |  |  |  |  |  |
| 1. Clarified content in response to questions
 |  |  |  |  |  |
| 1. Provided current information
 |  |  |  |  |  |
| 1. Used appropriate and effective teaching methods for the subject matter (including technology)
 |  |  |  |  |  |
| 1. Instructional materials suitable/useful to session topic
 |  |  |  |  |  |
| 1. Presented self in an organized manner
 |  |  |  |  |  |
| 1. Did you perceive any commercial bias from the speaker?
 | **Yes** ❑ | **No** ❑ |

 If “yes,” please explain in comments below.

Comments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SA** |  |  |  | **SD** |
| **RELEVANCY**  | **5** | **4** | **3** | **2** | **1** |
| 1. Information could be applied to achieving personal/professional goals.
 |  |  |  |  |  |
| 1. Course was appropriate to my education, experience, and licensure level.
 |  |  |  |  |  |
| 1. I will change my based on this training..
 |  |  |  |  |  |

Comments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SA** |  |  |  | **SD** |
| **APPROPRIATENESS OF PHYSICAL FACILITIES** | **5** | **4** | **3** | **2** | **1** |
| 1. Meeting site was convenient and accessible
 |  |  |  |  |  |
| 1. Facility/arrangements were adequate and comfortable (e.g., seating, temperature)
 |  |  |  |  |  |
| 1. Technology was appropriate to support the presentation
 |  |  |  |  |  |

Comments:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **SA** |  |  |  | **SD** |
| **COURSE REGISTRATION** | **5** | **4** | **3** | **2** | **1** |
| Course registration was user-friendly |  |  |  |  |  |
| My questions or concerns were addressed effectively and in a timely manner |  |  |  |  |  |
| How did you register (if applicable)? ❑ Website ❑ Phone 🞏 Email ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Comments:

|  |  |  |
| --- | --- | --- |
| **The following were disclosed in writing prior to, or at the start of, this educational activity:** | **YES** | **NO** |
| A. Instructions for requesting accommodations for disability were adequate  |  |  |
| B. Notice of requirements for successful completion |  |  |
| C. Conflict of Interest |  |  |
| D. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest |  |  |
| E. Sponsorship or commercial support |  |  |
| F. Non-endorsement of products |  |  |
| G. Off-label use |  |  |

**How did you hear about us?**

❑ Website ❑ Brochure ❑ Referral ❑ Email ❑ Post Card ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Overall Program Comments/Suggestions:**

**May we use/publish your comments?**

❑ Yes, with my first name only ❑ Yes, anonymously ❑ No ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May we provide your contact information to Instructors regarding any follow-up concerns?** ❑ Yes ❑ No

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for taking the time to provide feedback!***